

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530642

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		2				
5		2				
6		2				
7		2				
8		0				
9		1				
10		1				
11		1				
12		0				
13		0				
14		0				
15	1					
16		1				
17		1				
18		3				
19			1			
20				1		
21				1		
22				1		
23						
24				1		
25				1		
26				1		
27				1		
28				1		
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48						
49						
50						
TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	22	←	15	←		←
TOTAL CLAIMS	24		18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						